

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MIVA ARCH	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: February 20, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of initial tuberculosis clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Rn. SCB Imelda Arreola secured the initial TB clearance @ Lanakila TB Health center and the clearance is now in place @ the chart of the resident.</i></p>	<p><i>3/9/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of initial tuberculosis clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will obtain all the forms such as TB clearance & put on file at the chart. I will remind myself & SCC to put stick notes on the calendar and in the chart as a reminder. I will check the chart every week on Monday and the forms needed be in place.</i></p>	<p><i>3/9/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #2- No documented evidence of initial and annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Rn-SCB Imelda Arreda secured the form o Lanakila TB Health center, and put on file on the patient chart.</i></p>	<p><i>Yes 3/9/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #2- No documented evidence of initial and annual tuberculosis clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will obtain all the forms such as TB clearance and put on file at the chart. I will remind myself & PSC & SCB to put stick notes on the calendar. and in the chart. I will check the chart every week on Monday and the forms needed be in place.</p>	3/9/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver #1- No evidence of training from Primary Care Giver to make prescribed medications available to residents and properly record such action.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Rn supervisor provided Rn - SCG Imelda Amador the forms. Now the training of SCG has been in place at the ARCH binder.</i></p>	<p><i>3/9/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver #1- No evidence of training from Primary Care Giver to make prescribed medications available to residents and properly record such action.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>For SCS Imelda Amador will secure all the forms such as training of SCS & be in place at the ARCH binder. I will remind myself by putting post stick notes on my calendar & remind PCS & SCS to do the same and also put stick notes on the ARCH binder.</i></p>	<i>3/9/20</i>

Licensee's/Administrator's Signature: Isolda Arreda En

Print Name: Isolda Arreda En

Date: 3-11-2020